

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 05/08/2024
FORM APPROVED
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: 205154		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED C 04/23/2024	
NAME OF PROVIDER OR SUPPLIER WOODLAWN REHABILITATION & NURSING CENTER				STREET ADDRESS, CITY, STATE, ZIP CODE 59 WEST FRONT ST SKOWHEGAN, ME 04976			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
F 000	INITIAL COMMENTS			F 000			
F 689 SS=G	On 4/23/24 an on-site investigation was conducted at Woodlawn Rehabilitation and Living Center for the purpose of investigating complaint #ME00047117. It was determined that Woodlawn Rehabilitation and Living Center is not in compliance with 42 CFR Part 483, Subpart B-Requirements for Long Term Care Facilities. Free of Accident Hazards/Supervision/Devices CFR(s): 483.25(d)(1)(2) §483.25(d) Accidents. The facility must ensure that - §483.25(d)(1) The resident environment remains as free of accident hazards as is possible; and §483.25(d)(2) Each resident receives adequate supervision and assistance devices to prevent accidents. This REQUIREMENT is not met as evidenced by: Based on review of the Nursing Facility Reportable Incident Form, the facility's internal investigation, the facility transfers policy and procedure, and interviews, the facility failed to ensure a resident's safety during a Hoyer lift transfer which caused harm to the resident. The facility failed to follow their Hoyer lift policy and procedure which resulted in the resident falling to the floor from the Hoyer lift. From this fall, the resident sustained a closed head injury for 1 of 1 resident. Finding: On 4/12/24, The Division of Licensing and Certification received a facility Reportable Incident Form indicating that on 4/9/24 at 10:30			F 689	Past noncompliance: no plan of correction required.		

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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F 689	Continued From page 1 a.m. Certified Nursing Assistant #1 (CNA) transferred Resident #1 alone in the Hoyer lift. (mechanical lift) Resident #1 became restless during the transfer and slipped out of the Hoyer pad onto the floor and hit his/her head. Resident #1 sustained swelling in the back of his/her head. A review of the Incident Report dated 4/9/24 at 11:17 a.m. indicates that Resident #1 had a fall and hit his/her head while the CNA was transferring the resident with a Hoyer lift. In addition, the Incident Report also indicates that the CNA was transferring the resident with a Hoyer lift without the assistance of a second CNA. Emergency Department notes, dated 4/9/24, indicate Resident #1 bumped the back of his/her head after falling during a Hoyer lift transfer. Resident #1 was diagnosed with a closed head injury and sent back to the facility the same day. Resident #1's Care plan, dated 3/2/24, indicates that the resident requires extensive assists with bathing, dressing, grooming, personal hygiene and bed mobility. The care plan instructs staff to assist the resident with transfers using a mechanical lift and two people. A review of the facility's 'Lifting Machine-Using a Portable' stated: Under General Guidelines," Page 1, number 1, stated, "At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift." On 4/23/24 at 11:00 a.m., during an interview with a surveyor, CNA #1 states that she was unable to find another CNA to assist her with transferring Resident #1 from the chair to the bed using a	F 689			

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F 689	Continued From page 2 Hoyer lift. CNA #1 stated that Resident #1 became restless and his/her shoulders slipped out of the Hoyer pad during the transfer. Resident #1 hit the back of his/her head. CNA #1 acknowledged that the facility policy indicates "At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift." The Root Cause Analysis indicates under Contributing Factors "lift policy not followed". On 4/23/24 at 3:00 p.m., a surveyor confirmed with the Administrator that the facility failed to follow their Hoyer lift policy and procedure which resulted in the resident falling to the floor from the Hoyer lift. As a result of this isolated incident, the following corrective actions were initiated with a completion date of 4/12/24 - One on One training with CNA #1 on the "Lifting Machine" policy and procedure that indicates "At least two (2) nursing assistants are needed to safely move a resident with a mechanical lift. CNA #1 demonstrated competence. - Mandatory re-education on "Hoyer Safety" was initiated with all nursing staff. - Newly hired CNA's will demonstrate competency with Hoyer lift transfers. .	F 689			